

## CAMP EMERGENCY INFORMATION

PARTICIPANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENTS/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICATION TAKEN: \_\_\_\_\_

Does she/he have any physical conditions which would limit participation in recreation activities?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Any allergies? \_\_\_\_\_

Is she/he subject to seizures? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please describe assistance usually given : \_\_\_\_\_

Do you permit photographs to be taken of your son/daughter to promote our Departmental programs? YES \_\_\_\_\_ NO \_\_\_\_\_

In the event of accidents, injury or illness, where can parents/guardian be reached if not at home?

PARENT/GUARDIAN \_\_\_\_\_ WK PHONE \_\_\_\_\_ EXT \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ WK PHONE \_\_\_\_\_ EXT \_\_\_\_\_

(A) Who should the Parks and Recreation staff contact if parents/guardian cannot be reached?

(B) Who would be authorized to pick-up son/daughter. \_\_\_\_\_

### PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT

#### TO WHOM IT MAY CONCERN:

In the event I cannot be reached or time does not permit, I give permission to the employed staff of the City of Torrance Parks and Recreation Department to obtain and administer such medical aid or assistance as might be required for the immediate care of my child in the event such help of any emergency nature becomes necessary.

It is further understood that such permission will include the administration of such medicines or treatment as might be ordered by or administered by a duly licensed medical doctor. In no event will the City of Torrance and its employees be held liable for any first aid rendered or treatment or surgical procedures performed or drugs or medicine administered pursuant to this consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**PLEASE NOTE: BRING THIS FORM THE FIRST DAY OF CAMP!**

**over**

**WAIVER FORM**  
**(Parent Permission Slip)**

We, (I) \_\_\_\_\_ hereby permit \_\_\_\_\_  
(Parent or Guardian) (Child's Full Name)

to participate in, \_\_\_\_\_  
(Specific Activity) at (Please fill in location)

Date (or inclusive dates of activity) \_\_\_\_\_

Time \_\_\_\_\_

We hereby release and discharge the City of Torrance Parks and Recreation Department and each and all their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity or the transportation in connection therewith.

Signed \_\_\_\_\_ Phone \_\_\_\_\_  
(Parent or Guardian)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please list the name of person(s) who will drop off, and/or pick-up child other than mother or father.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_ Phone # \_\_\_\_\_